

Abstract 336

TITLE: Access to Antiretroviral Treatment and Adherence to Treatment in Injecting Drug Users And Men who have Sex with Men

AUTHORS: Perry N. Halkitis*, the Seropositive Urban Drug Injectors' Study Team *New York University, New York, New York

BACKGROUND/OBJECTIVES: Highly active antiretroviral therapy has been heralded as a breakthrough in treatment for those living with HIV/AIDS and has been recommended as the standard of care by the federal government. The effectiveness of such treatments is, in part, dependent on adherence to these regimens. The aim of this presentation is to describe access to treatment among injecting drug users (IDUs) and men who have sex with men (MSM), to describe rates of adherence, and examine factors that may be related to adherence in these populations.

METHODS: Self-reported, cross sectional data indicating HIV treatments and rates of adherence for medications in the treatment regimens were collected from an ethnically diverse sample of 142 IDU men and women in New York City and San Francisco and from 463 ethnically diverse MSM from the same cities.

RESULTS: Among MSM, 69.2% of the 463 participants indicated that they were currently on an antiretroviral regimen with 63.7% of those on therapy reporting the use of at least one protease inhibitor. In all, 48.9% indicated at least one day in which a dose of one of their medications was missed. Findings indicate that for those on a combination of protease with at least one nucleoside analogue, missed doses across the class of medications at statistically equivalent rates ($r=.70$, $p<.001$). Rates of adherence for protease inhibitors did not vary by race/ethnic ($\chi^2=1.99$, $p=.574$) but did vary by health care setting, with those receiving health care at a public facility or clinic indicating a higher than expected probability of reporting missed doses than those receiving health care from a private physician ($\chi^2=11.74$, $p=.039$). In the sample of IDUs, 61.7% indicated current treatment with an antiretroviral regimen, and 65.8% of those on a regimen indicating a regimen that included a protease inhibitor. Of those on an antiretroviral regimen, 57.4% indicated at least one day in which they had missed a dose of their medications. These access and adherence rates are equivalent to those MSM. Further, among IDUs rates of adherence did not vary by gender ($\chi^2=0.38$, $p=.54$), by drug of choice ($\chi^2=1.10$, $p=.78$), nor by race/ethnicity ($\chi^2=0.39$, $p=.27$). However, like MSM, adherence was unrelated to antiretroviral class ($r=.83$, $p<.001$). Adherence rates were independent of the participant's primary presenting problem (i.e., those who prioritize their HIV higher in their list of concerns were as adherent as those who ranked it lower, $t=0.41$, $p=.68$). Unlike MSM, source of care was unrelated to adherence rate among HIV + IDUs ($\chi^2=2.98$, $p=.40$).

CONCLUSIONS: IDU and MSM appear to have equal access to antiretroviral therapy, including protease inhibitors, and to adhere to their medications at equivalent rates. For both groups, adherence rates are equivalent across medication class. For MSM source of health care is a factor related to poorer adherence. Complete adherence in both populations presents a problem for the development of resistant strains and the effectiveness of medications in controlling HIV.

PRESENTER CONTACT INFORMATION

Name: Perry N. Halkitis

Address: 239 Greene Street East Bldg 537G
New York, NY 10003

Telephone: (212) 998-5373

Fax: (212) 995-4358

E-mail: PNH1@is6.nyu.edu